

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

07

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		331338.52
(b) Cash on Hand at Beginning of Reporting Period .....	508268.56	
(c) Total Receipts (from Line 19) .....	70251.94	400368.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	578520.50	731707.33
7. Total Disbursements (from Line 31) .....	113962.60	267149.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	464557.90	464557.90
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	56208.20	327819.40
(ii) Unitemized .....	12976.34	67110.28
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	69184.54	394929.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	69184.54	394929.68
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1067.40	5439.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	70251.94	400368.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70251.94	400368.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1773.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	1773.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	112600.00	256600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1362.60	8776.43
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	113962.60	267149.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	113962.60	267149.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	69184.54	394929.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69184.54	394929.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1773.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	1773.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 / 85

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Correna-Lea Terrell

Mailing Address PO Box 1629

City	State	Zip Code
Taos	NM	87571-1629

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Taos Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939278

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City	State	Zip Code
Dallas	TX	75254-8613

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Southwest Imaging & Inter-  
ven specialisOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939280

Amount of Each Receipt this Period

750.00

**C.** Full Name (Last, First, Middle Initial)

DR Raul de la Vega, III

Mailing Address 2936 Grampian Dr

City	State	Zip Code
Gastonia	NC	28054-6402

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Shelby Radiological Assoc-  
iatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939281

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

DR Michael Schiering

Mailing Address Radiology Associates  
1673 Mason Ave Ste 305

City State Zip Code  
Daytona Beach FL 32117-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939282

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DR Barbara Sharp

Mailing Address Mori Bean and Brooks Radiology  
3599 University Blvd Ste 300

City State Zip Code  
Jacksonville FL 32216-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mori Bean Brooks Radiolog-  
y, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939287

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

DR James Thrall

Mailing Address Massachusetts General Hospital  
55 Fruit St

City State Zip Code  
Boston MA 02114-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939291

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 85

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Richard Lawdahl		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 102 Whitbread Court		Transaction ID: 14939293
City Greenville	State SC	Amount of Each Receipt this Period 250.00
Zip Code 29615-5813		
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Wesley Henry		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 2278 Portside Way		Transaction ID: 14939294
City Charleston	State SC	Amount of Each Receipt this Period 250.00
Zip Code 29407-8231		
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Nancy A. Ellerbroek		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Providence Holy Cross Cancer Ctr 15031 Rinaldi St		Transaction ID: 14939296
City Mission Hills	State CA	Amount of Each Receipt this Period 300.00
Zip Code 91345-1207		
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Radiology Associates	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		800.00
<b>TOTAL</b> This Period (last page this line number only) .....		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Cynthia Moran  
Mailing Address 1701 Pennsylvania Ave.

City State Zip Code  
Washington DC 20006-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American College of Radio-  
logy

Occupation  
Assistant Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939298

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Paul Larson  
Mailing Address 110 Stoney Beach Rd

City State Zip Code  
Oshkosh WI 54902-7243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Fox Valley

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939299

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jeffrey Thomasson  
Mailing Address 3 Brookside Ln

City State Zip Code  
Saint Louis MO 63124-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939300

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Wolff

Mailing Address 40 Old Pond Rd

City State Zip Code  
Great Neck NY 11023-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939304

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Scott Truhlar

Mailing Address PO Box 51

City State Zip Code  
Tiffin IA 52340-0051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Medical Services, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939305

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Richard H. Daffner

Mailing Address Allegheny General Hospital  
320 E North Ave

City State Zip Code  
Pittsburgh PA 15212-4756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny General Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939320

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR M Thorsen

Mailing Address 36829 Hollyhock Woods Dr

City State Zip Code  
 Oconomowoc WI 53066-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waukesha Memorial Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Robert E. Laster, JR

Mailing Address 190 E Cherry Cir

City State Zip Code  
 Memphis TN 38117-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memphis Radiological P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Katharine Scharer

Mailing Address 2600 Royal View Ct

City State Zip Code  
 Oakland MI 48363-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 14939323

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR R Nick Bryan

Mailing Address 316 S Front St

City	State	Zip Code
Philadelphia	PA	19106-4310

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of PA Med CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939324

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Jeanne W. Baer

Mailing Address 418 High St

City	State	Zip Code
Closter	NJ	07624-2013

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
St Luke's-Roosevelt Hospi-  
talOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939325

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Lynn Broderick

Mailing Address 7710 Welton Dr

City	State	Zip Code
Madison	WI	53719-3026

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of Wisconsin  
Medical FoundaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Transaction ID: 14939327

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Baber  
Mailing Address 7 Cricklewood Pl

City State Zip Code  
Saint Louis MO 63131-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073112

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Douglas Curry  
Mailing Address 8522 Colonial Ln

City State Zip Code  
Saint Louis MO 63124-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073113

Amount of Each Receipt this Period

833.00

**C.** Full Name (Last, First, Middle Initial)  
DR Gene Davis, JR  
Mailing Address 25 Chesterfield Lakes Rd

City State Zip Code  
Chesterfield MO 63005-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073114

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

2733.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR David Diemer  
 Mailing Address 2618 Wickerton Ct

City State Zip Code  
 Saint Louis MO 63122-3351

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Midwest Radiological Associates, P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073115

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DR John Engels  
 Mailing Address 312 N Brentwood Blvd Unit 5

City State Zip Code  
 Saint Louis MO 63105-3775

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Midwest Radiological Associates, P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073116

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Dale Fletcher  
 Mailing Address 239 Whiting Lane

City State Zip Code  
 Chesterfield MO 63005-6919

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Midwest Radiological Associates

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073119

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Geoffrey Hamill

Mailing Address 425 W Jackson Rd

City State Zip Code  
Webster Groves MO 63119-3643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciateOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073120

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Walter Holloman

Mailing Address 65 Meadowbrook Country Club Est

City State Zip Code  
Ballwin MO 63011-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073121

Amount of Each Receipt this Period

600.00

**C.** Full Name (Last, First, Middle Initial)  
DR Amy Mosher

Mailing Address 5136 Westminster Pl

City State Zip Code  
Saint Louis MO 63108-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073122

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR John Niemeyer

Mailing Address 1652 Mason Knoll Rd

City State Zip Code  
 Saint Louis MO 63131-1219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073123

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Lisa Oakley

Mailing Address 8101 Stratford Dr

City State Zip Code  
 Saint Louis MO 63105-3707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073125

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C.** DR Linda Proctor

Mailing Address 346 N Meramec Ave

City State Zip Code  
 Clayton MO 63105-3719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073126

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Floyd Scales

Mailing Address 12580 Durbin Dr

City State Zip Code  
 Saint Louis MO 63141-8814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiologists Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073127

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Robert Scheible

Mailing Address 759 N Hanley Rd

City State Zip Code  
 Saint Louis MO 63130-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073128

Amount of Each Receipt this Period

700.00

C. Full Name (Last, First, Middle Initial)

DR Steven Solomon

Mailing Address 17609 Ailanthus Drive

City State Zip Code  
 Chesterfield MO 63005-4284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073129

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Thornton

Mailing Address 308 Townsend St

City

Saint Louis

State

MO

Zip Code

63141-8334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073130

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

DR Deborah Wadsworth

Mailing Address 12408 Kirk Place Dr

City

Des Peres

State

MO

Zip Code

63131-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Radiological Asso-  
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073131

Amount of Each Receipt this Period

800.00

C. Full Name (Last, First, Middle Initial)

DR James LaManna

Mailing Address 513 Clarion Drive

City

Gillette

State

WY

Zip Code

82718-7596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073287

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code  
Atlanta GA 30306-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Baptist HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073289

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Maureen Jensen

Mailing Address 4250 Chestnut Ave

City State Zip Code  
Long Beach CA 90807-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Radiology Associa-  
tesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073319

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Douglas Moore

Mailing Address 1 Centennial Dam Rd

City State Zip Code  
Medford NJ 08055-8137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.A.B.C.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073320

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR William Morgan  
 Mailing Address 13 Commonwealth Dr

City State Zip Code  
 Medford NJ 08055-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Associates of  
 Burlington Cou

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073321

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Ben Yang  
 Mailing Address 9 Lowbridge Passage

City State Zip Code  
 Medford NJ 08055-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Associates of  
 Burlington Cou

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073322

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 DR C Douglas Edmondson  
 Mailing Address 115 Shady Side St

City State Zip Code  
 El Dorado AR 71730-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Associates of  
 El Dorado

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 6

Transaction ID: 15073323

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Joseph Stock

Mailing Address 115 Plush Mill Road

City State Zip Code  
Wallingford PA 19086-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	6

Transaction ID: 15073324

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Puckett

Mailing Address 15581 Hidden Valley Dr

City State Zip Code  
Poway CA 92064-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Diagnostic Radi-  
ologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	6

Transaction ID: 15092124

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
Fred Birnberg

Mailing Address 471 N. Old Newport Blvd.  
Suite 302

City State Zip Code  
Newport Beach CA 92663-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates MeOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	6

Transaction ID: 15354218

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Thuan Tran

Mailing Address 44 Capistrano

City State Zip Code  
 Irvine CA 92602-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 15354222

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Jay Lichman

Mailing Address 610 Kings Rd

City State Zip Code  
 Newport Beach CA 92663-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 15354233

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Steven Oglevie

Mailing Address 2515 Vista Drive

City State Zip Code  
 Newport Beach CA 92663-5631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

Transaction ID: 15358925

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Andrew Zeiberg

Mailing Address 3 Millbank Ct

City

Mount Laurel

State

NJ

Zip Code

08054-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Asso of Burling-  
ton C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: 15358929

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Vincent Taormina

Mailing Address 712 Brandywine Dr

City

Moorestown

State

NJ

Zip Code

08057-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Asso of Burling-  
ton C

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: 15358942

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR John Agola

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City

Norfolk

State

VA

Zip Code

23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362950

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 24 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Cara Bonawitz

Mailing Address 105 Shoal Quay

City State Zip Code  
 Chesapeake VA 23320-2019

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362951

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Jeffrey Crass

Mailing Address 917 Bobolink Dr

City State Zip Code  
 Virginia Beach VA 23451-4944

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362953

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Haywood Davis, JR

Mailing Address 10 Ambassador Dr

City State Zip Code  
 Hampton VA 23666-6021

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
tsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362954

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR John Donnal Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Transaction ID: 15362956</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Theodore Dorsay Mailing Address 1500 Chandon Cres City Virginia Beach State VA Zip Code 23454-1367 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Transaction ID: 15362957</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR Nina Fabiszewski Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6 <b>Transaction ID: 15362958</b> Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Yan Gao Mailing Address 1521 Mirassou Ln City Virginia Beach State VA Zip Code 23454-1373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt MM / DD / YYYY 06 / 14 / 2006 <b>Transaction ID: 15362959</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Susanne Grasso Mailing Address Med Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt MM / DD / YYYY 06 / 14 / 2006 <b>Transaction ID: 15362960</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR Michael Ho Mailing Address Medical Cntr Rads Inc Bldg 13 6330 N Center Dr Ste 220 City Norfolk State VA Zip Code 23502-4008 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center Radiologists, Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.86		Date of Receipt MM / DD / YYYY 06 / 14 / 2006 <b>Transaction ID: 15362962</b> Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Lester Johnson  
 Mailing Address 1021 Downshire Chase

City State Zip Code  
 Virginia Beach VA 23452-6154

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362963

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Yoonah Kim  
 Mailing Address 917 Kings Cross

City State Zip Code  
 Virginia Beach VA 23452-6230

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.08

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362964

Amount of Each Receipt this Period

83.33

**C.** Full Name (Last, First, Middle Initial)  
 DR Susan McKenzie  
 Mailing Address Medical Ctr Rads Inc Bldg 13  
 6330 N Center Dr Ste 220

City State Zip Code  
 Norfolk VA 23502-4008

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362966

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

283.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Chan Nguyen

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, I

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362969

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Hans Sachse

Mailing Address 4200 Faigle Rd

City State Zip Code  
Portsmouth VA 23703-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362970

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Sarah Shaves

Mailing Address Medical Center Radiologists, Inc  
6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.29

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362971

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional) .....

280.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 29 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Lamar Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address Medical Ctr Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID:</b> 15362972 Amount of Each Receipt this Period 100.00
City Norfolk	State VA Zip Code 23502-4008	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.86	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Richard Thomas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1037 Long Beeches Ave		<b>Transaction ID:</b> 15362973 Amount of Each Receipt this Period 100.00
City Chesapeake	State VA Zip Code 23320-0681	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.86	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Harlan Vingan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address Medical Center Radiologists, Inc 6330 N Center Dr Bldg 13 Ste 220		<b>Transaction ID:</b> 15362976 Amount of Each Receipt this Period 100.00
City Norfolk	State VA Zip Code 23502-4008	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Center Radiologists, Inc.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.86	

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Marshall Weissberger

Mailing Address Medical Center Radiologists  
6330 N Center Dr Bldg 13 Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362977

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR John Whitbeck

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.43

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362978

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** DR Robert Woolfitt

Mailing Address Medical Cntr Rads Inc Bldg 13  
6330 N Center Dr Ste 220

City State Zip Code  
Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362979

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR John Campbell  
 Mailing Address 1416 Watersedge Dr

City State Zip Code  
 Virginia Beach VA 23452-6222

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362980

Amount of Each Receipt this Period

66.67

**B.** Full Name (Last, First, Middle Initial)  
 DR Kirstin Fiona Davis  
 Mailing Address 1005 Caton Dr

City State Zip Code  
 Virginia Beach VA 23454-3162

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.44

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362983

Amount of Each Receipt this Period

70.83

**C.** Full Name (Last, First, Middle Initial)  
 DR Donald La Vay  
 Mailing Address 109 George Sandys

City State Zip Code  
 Williamsburg VA 23185-8938

FEC ID number of contributing federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
tsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362984

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

179.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Phillip Luebbert

Mailing Address 9528 25th Bay St

City State Zip Code  
 Norfolk VA 23518-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362985

Amount of Each Receipt this Period

70.83

Full Name (Last, First, Middle Initial)

B. DR Kip Kang-L Park

Mailing Address Medical Center Radiologists, Inc  
 6330 N Ctr Dr Bldg 13 Ste 220

City State Zip Code  
 Norfolk VA 23502-4008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.64

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362987

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. DR Jennifer Rush

Mailing Address 3864 Banyon Grove Ln Apt 301

City State Zip Code  
 Virginia Beach VA 23462-7492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362988

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional) .....

204.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Adam Specht

Mailing Address 3309 Chappell PI

City

Virginia Beach

State

VA

Zip Code

23452-6290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.58

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362989

Amount of Each Receipt this Period

70.83

Full Name (Last, First, Middle Initial)

**B.** DR Desencia Thomas

Mailing Address 600 Sabal Palm Ln Apt 307

City

Chesapeake

State

VA

Zip Code

23320-1743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: 15362990

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

**C.** DR Joseph Burke

Mailing Address Reading Hospital & Medical Ctr  
300 S 6th Ave

City

Reading

State

PA

Zip Code

19611-1426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Reading Radiology As-  
soc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: 15383212

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

387.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Jay Rosenblatt  
 Mailing Address 434 Chairville Rd

City State Zip Code  
 Southampton NJ 08088-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Asso of Burling-  
 ton C

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15383213

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Kevin Barry  
 Mailing Address 109 Cowpath Rd

City State Zip Code  
 Medford NJ 08055-8479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Assoc of Burlin-  
 gton

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15390250

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Edwin Wilson, JR  
 Mailing Address 6 Woodfield Ct

City State Zip Code  
 Medford NJ 08055-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Asso of Burling-  
 ton

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15390251

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Sungtae Lim

Mailing Address 1 Waterlily Ct

City State Zip Code  
 Medford NJ 08055-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Burlin-  
gton

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15390252

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR Joseph Slawek, III

Mailing Address 222 E Oak Ave

City State Zip Code  
 Moorestown NJ 08057-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Asso of Burling-  
ton C

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15390253

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Adam Robert Fisher

Mailing Address 111 Geneva Avenue

City State Zip Code  
 Haddon Township NJ 08108-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 15390254

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR A Meltzer			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 1766 Tearose Ln			<b>Transaction ID:</b> 15390256	
City Cherry Hill	State NJ	Zip Code 08003-3212	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Radiology Asso of Burling- ton		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Karen Brinton			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 2 Thackery Ln			<b>Transaction ID:</b> 15582369	
City Cherry Hill	State NJ	Zip Code 08003-1926	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Radiology Asso of Burling- ton C		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Bruce J. Thaler			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 110 S Front St Ste 800			<b>Transaction ID:</b> 15675017	
City Philadelphia	State PA	Zip Code 19106-3002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Southeast Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Timothy Jones

Mailing Address 26 Lake Vista Way

City State Zip Code  
Ormond Beach FL 32174-6785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Scott Klioze

Mailing Address 7 Cypress Hollow Ln

City State Zip Code  
Ormond Beach FL 32174-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Joseph Cox

Mailing Address Radiology Associates  
1673 Mason Ave Ste 305

City State Zip Code  
Daytona Beach FL 32117-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675021

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 85

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Roy Siragusa

Mailing Address 28 Winding Creek Way

City State Zip Code  
Ormond Beach FL 32174-6773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Melvin Stone

Mailing Address 32 N Saint Andrews Dr

City State Zip Code  
Ormond Beach FL 32174-3839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Thomas Yuschok

Mailing Address 162 Laurelwood Ln

City State Zip Code  
Ormond Beach FL 32174-4227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675568

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Charles Burkett

Mailing Address Radiology Associates  
1673 Mason Ave Ste 305City State Zip Code  
Daytona Beach FL 32117-5516FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona BeachOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15675570

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Isaac Kirk, III

Mailing Address 2211 Sheridan St

City State Zip Code  
Houston TX 77030-2015FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Radiology Asso-  
ciatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15683840

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Mark Yuhasz

Mailing Address 3203 Horsehead Bay Dr NW

City State Zip Code  
Gig Harbor WA 98335-5854FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tacoma Radiology Associat-  
esOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15683841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Sidney Roberts

Mailing Address Arthur Temple Cancer Center  
1201 W Frank Ave

City Lufkin State TX Zip Code 75904-3357

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Angelina Diag Rad Assoc

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15685243

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** DR Bibb Allen, JR

Mailing Address Montclair Outpatient Center  
800 Montclair Rd

City Birmingham State AL Zip Code 35213-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Montclair Baptist Medical  
Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15685249

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C.** DR Irena Tocino

Mailing Address 24 Wakefield Rd

City Branford State CT Zip Code 06405-5033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Yale University School of  
Med

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15685442

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Todd Smith

Mailing Address 18 Masters Cir

City State Zip Code  
Little Rock AR 72212-3304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of North Carolina

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15685443

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code  
New Bern NC 28560-7520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coastal Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686744

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
DR William Ketcham, II

Mailing Address 10009 Knowlwood Rd

City State Zip Code  
Cheyenne WY 82009-8362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baylor College of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686745

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Anna Chacko

Mailing Address 9 Fieldstone Dr

City	State	Zip Code
Winchester	MA	01890-3257

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lahey Clinic Med CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686746

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

DR Rajiv Sharma

Mailing Address Charlotte Radiology  
1701 East Blvd

City	State	Zip Code
Charlotte	NC	28203-5823

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686747

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)

DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City	State	Zip Code
Charlotte	NC	28226-5610

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686755

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

137.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marcantonio

Mailing Address Georgia West Imaging  
119 Maple St Ste 205

City State Zip Code  
Carrollton GA 30117-3259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia West Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686756

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City State Zip Code  
Dallas TX 75205-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686758

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Kent Lancaster

Mailing Address Radiology Associates of Berrien  
777 Riverview Dr Ste D208

City State Zip Code  
Benton Harbor MI 49022-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Berrie

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686761

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

192.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Terry Martin

Mailing Address Rad Assoc of Biirmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Biirmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686762

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code  
Greenville NC 27834-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686763

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code  
Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686764

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code  
 Greenville NC 27834-0508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686765

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code  
 Greenville NC 27858-8441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686769

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** Eric M. Martin

Mailing Address 9 Doctors Park

City State Zip Code  
 Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686770

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Roger Vithalani

Mailing Address 516 Chesapeake Pl

City	State	Zip Code
Greenville	NC	27858-0678

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Eastern RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686771

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City	State	Zip Code
Williamsville	NY	14221-1984

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baylor College of MedicineOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686772

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City	State	Zip Code
Greenville	NC	27858-8130

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Eastern RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15686831

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code  
 Greenville NC 27858-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686833

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)

DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code  
 Chestnut Hill MA 02467-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deaconess Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686834

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)

DR Michael Sloan

Mailing Address 2921 Capitol Ave

City State Zip Code  
 Cheyenne WY 82001-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cheyenne Radiology and MR-  
I, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15686836

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
 Lincoln MA 01773-4807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688240

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B.** DR Bradford Richmond

Mailing Address Cleveland Clinic Foundation  
 9500 Euclid Ave

City State Zip Code  
 Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Clinic Foundati-  
on

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688241

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code  
 Bellaire TX 77401-3803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688242

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

165.01

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Edward Black

Mailing Address Charlotte Radiology PA  
PO Box 36937City State Zip Code  
Charlotte NC 28236-6937FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15688243

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Joseph Lurito

Mailing Address Eastern Radiologists  
9 Doctors ParkCity State Zip Code  
Greenville NC 27834-2801FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15688244

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR Terry Wallace

Mailing Address Charlotte Radiology  
PO Box 36937City State Zip Code  
Charlotte NC 28236-6937FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	6

Transaction ID: 15688251

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

132.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR William Way, JR  
Mailing Address 7713 Oakmont Pl

City State Zip Code  
Raleigh NC 27615-5492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688252

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Raul de la Vega, III  
Mailing Address 2936 Grampian Dr

City State Zip Code  
Gastonia NC 28054-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shelby Radiological Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688253

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
DR Steven Leibel  
Mailing Address 19 Woodleaf Ave

City State Zip Code  
Redwood City CA 94061-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford University

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688254

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John D. Howard

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688255

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code  
Charlotte NC 28211-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688257

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Vittorio Antonacci

Mailing Address 10609 Lederer Ave

City State Zip Code  
Charlotte NC 28277-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688260

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Edward Kouri

Mailing Address 4030 Beresford Rd

City State Zip Code  
 Charlotte NC 28211-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688261

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code  
 Charlotte NC 28277-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688263

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code  
 Charlotte NC 28277-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688264

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Shore Radiology Assc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688265

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Joel Swartz

Mailing Address 1210 Page Ter

City

Villanova

State

PA

Zip Code

19085-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688266

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City

Birmingham

State

AL

Zip Code

35242-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.34

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688269

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

163.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Edward Sullivan, III			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address Radiology Assoc of Birmingham 2090 Columbiana Rd Ste 4400			<b>Transaction ID:</b> 15688373	
City Birmingham State AL Zip Code 35216-2152			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Associates of Alabama		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR James Hiken			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 7109 Cove Pointe PI			<b>Transaction ID:</b> 15688375	
City Prospect State KY Zip Code 40059-9680			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Diag. Imaging Alliance of Louisville		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR William Carey Werthmuller			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address Charlotte Radiology PO Box 36937			<b>Transaction ID:</b> 15688376	
City Charlotte State NC Zip Code 28236-6937			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Charlotte Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Carl Eisenberg

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688377

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Jeffrey Magnuson

Mailing Address 3493 Siems Ct

City State Zip Code  
Arden Hills MN 55112-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688383

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City State Zip Code  
Fuquay Varina NC 27526-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688384

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Joel Wissing		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address Charlotte Radiology PO Box 36937		<b>Transaction ID:</b> 15688385
City Charlotte	State NC	Zip Code 28236-6937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Stuart Moses		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 14 Timber Dr		<b>Transaction ID:</b> 15688386
City North Caldwell	State NJ	Zip Code 07006-4406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Self-employed	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Robert Newman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 913 Southview PI NE		<b>Transaction ID:</b> 15688387
City Lenoir	State NC	Zip Code 28645-3755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688390

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B.** DR Richard Redvanly

Mailing Address 4315 Gosford Pl

City State Zip Code  
 Charlotte NC 28277-4546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688391

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR Ross Bellavia

Mailing Address 6730 Seton House Ln

City State Zip Code  
 Charlotte NC 28277-4519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688392

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688393

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR William Stuart Hartley

Mailing Address 1625 Dilworth Rd W

City

Charlotte

State

NC

Zip Code

28203-5213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688394

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City

Alexandria

State

LA

Zip Code

71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688403

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

163.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688405

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Robert Raible, JR

Mailing Address 500 E Worthington Ave

City State Zip Code  
Charlotte NC 28203-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688406

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688407

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Susan Mulligan  
 Mailing Address 2000 Country Ridge Cir

City State Zip Code  
 Birmingham AL 35243-4305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Radiology Associates of  
 Birmingham

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688411

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Gary Rike  
 Mailing Address 4492 Richmond Hill Dr

City State Zip Code  
 Murrells Inlet SC 29576-6814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Self-Employed

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688412

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Jugesh Cheema  
 Mailing Address 55 Wellington Dr

City State Zip Code  
 Orange CT 06477-3035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Medical Center of Delaware

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688414

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic  
1900 South Ave

City State Zip Code  
La Crosse WI 54601-5467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688422

Amount of Each Receipt this Period

41.67

**B.** Full Name (Last, First, Middle Initial)

DR Michael Brannon

Mailing Address 7 Foxglove Ct

City State Zip Code  
Greenville SC 29615-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688424

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)

DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code  
Birmingham AL 35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
AL

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 15688427

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

168.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		<b>Transaction ID:</b> 15688435	
City Pittsburgh State PA Zip Code 15206-3780		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Weinstein Imaging Associates Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Ralph Blumhardt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address Univ of Texas Health Science Ctr 7703 Floyd Curl Dr		<b>Transaction ID:</b> 15694386	
City San Antonio State TX Zip Code 78284-6200		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Univ of Texas Health Science C Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Krish Ramprasad		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 18 Patricia Lane		<b>Transaction ID:</b> 15694387	
City Glen Mills State PA Zip Code 19342-1031		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

916.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Eric Rubin Mailing Address 24 Charter Oak Dr City State Zip Code Newtown Square PA 19073-3020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Southeast Radiology, Ltd. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID: 15694388</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Arl Moore, JR Mailing Address 1817 Craigmere Dr City State Zip Code Charlotte NC 28226-6212 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID: 15694389</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR Manan Patel Mailing Address 14 Richland Dr City State Zip Code Mount Laurel NJ 08054-9610 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Radiology Assoc of Burlington Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 <b>Transaction ID: 15694390</b> Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Kevin Quinn  
Mailing Address 69 McAfee Farm Rd

City State Zip Code  
Bedford NH 03110-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNHRC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

Transaction ID: 15760582

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR John Rogers  
Mailing Address 802 West Gap Creek Road

City State Zip Code  
Greer SC 29651-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 15760583

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)  
DR Jay Kleinman  
Mailing Address 2130 Greenbrier Dr

City State Zip Code  
Villanova PA 19085-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 15762256

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

792.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

DR Lance Becker

Mailing Address 1405 Wesleys Run

City

Gladwyne

State

PA

Zip Code

19035-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 15762258

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

56208.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 85

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5439.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 16025279

Amount of Each Receipt this Period

1067.40

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

1067.40

**TOTAL** This Period (last page this line number only) .....

1067.40

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Upton For All Of Us**

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Fred Upton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 14537641

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. Radanovich For Congress**

Mailing Address 30151 Tomas Street

City  
Rancho Sta Mrgrita

State  
CA

Zip Code  
92688

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. George P. Radanovich

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 14236920

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Trent Lott For Mississippi**

Mailing Address PO Box 22824

City  
Jackson

State  
MS

Zip Code  
39225

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Trent Lott

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 2

Transaction ID: 14924771

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Trent Lott For Mississippi

Mailing Address PO Box 22824

City  
Jackson

State  
MS

Zip Code  
39225

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. Trent Lott

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 2

Transaction ID: 14924792

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Joe Pitts

Mailing Address PO Box 775

City  
Unionville

State  
PA

Zip Code  
19375

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Joseph R. Pitts

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 14749586

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City  
Uwchland

State  
PA

Zip Code  
19480

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. James W. Gerlach

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: 14925854

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14924845

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

## **B. Heller For Congress**

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

Candidate Name  
Mr. Dean Heller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 2

Transaction ID: 14924191

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

3000.00

## **C. Friends Of John Boehner**

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name  
Rep. John Boehner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 15073296

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress 2006**

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement

Candidate Name  
Rep. David Lee Camp

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 4

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15123084

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City State Zip Code  
Allentown PA 18105

Purpose of Disbursement

Candidate Name  
Rep. Charles W. Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 15

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14578121

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Mark Kennedy 06**

Mailing Address PO Box 49333

City State Zip Code  
Blaine MN 55449

Purpose of Disbursement

Candidate Name  
Mr. Mark Kennedy

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 2

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15123044

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Max Burns for Congress**

Mailing Address PO Box 1965

City  
SylvaniaState  
GAZip Code  
30467

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Max BurnsOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 14359971

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Volunteers For Shimkus**Mailing Address P.O. Box 5458  
PO Box 5458City  
SpringfieldState  
ILZip Code  
62705

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. John M. ShimkusOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 15360349

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jd Hayworth For Congress**

Mailing Address 14300 N. Northsight Blvd. #105

City  
ScottsdaleState  
AZZip Code  
85260

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. J.D. HayworthOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 5

Transaction ID: 15073297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Matheson For Congress**

Mailing Address 677 South 200 West  
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James D. Matheson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 15360374

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pryce For Congress**

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Deborah Pryce

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 15123006

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Radanovich For Congress**

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgita State CA Zip Code 92688

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. George P. Radanovich

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 15122918

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Max Burns for Congress**

Mailing Address PO Box 1965

City  
Sylvania

State  
GA

Zip Code  
30467

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Max Burns

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 15122962

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **B. Earl Pomeroy For Congress**

Mailing Address P.O. Box 9336

City  
Fargo

State  
ND

Zip Code  
58106

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 15122754

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Rogers For Congress**

Mailing Address Post Office Box 581

City  
Brighton

State  
MI

Zip Code  
48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Michael J. Rogers

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 8

Transaction ID: 15363027

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Rogers For Congress**

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name  
Rep. Michael J. RogersOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 8

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15363028

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Mike Sodrel for Us**

Mailing Address 702 North Shore Drive Suite 500

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement

Candidate Name  
Michael SodrelOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 9

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15360598

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Schwarz For Congress**

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement

Candidate Name  
Rep. Joe Schwarz, M.D.Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 7

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15122835

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

2000.00

011

Category/  
Type**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Reichert**

Mailing Address P. O. Box 53322

City  
BellevueState  
WAZip Code  
98015

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. David George Reichert

Office Sought:

☒

House

☐

Senate

☐

President

State: WA

District: 8

Disbursement For:

2006

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 15360548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick For Congress**

Mailing Address 115 N Broad Street

City  
DoylestownState  
PAZip Code  
18901

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Michael G. Fitzpatrick

Office Sought:

☒

House

☐

Senate

☐

President

State: PA

District: 8

Disbursement For:

2006

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 15360536

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Geoff Davis For Congress**Mailing Address 3161 Dixie Highway  
Suite FCity  
ErlangerState  
KYZip Code  
41018

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Geoffrey Davis

Office Sought:

☒

House

☐

Senate

☐

President

State: KY

District: 4

Disbursement For:

2006

☐

Primary

☐

Other (specify) ▼

☒

General

Transaction ID: 15360447

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Voice for Freedom**

Mailing Address 2451 Cumberland Parkway Suite 326

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15122881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

## **B. National Republican Congressional Committee**

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 15122705

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

011

Category/  
Type

## **C. Committee To Re-Elect Bobby Jindal**

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name  
Rep. Bobby Jindal

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 15122676

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Majority Initiative To Keep Electing Republicans F**

Mailing Address PO Box 65796

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15122490

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Prosperity Helps Inspire Liberty Political Action**

Mailing Address PO Box 26366

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15122441

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. Friends Of Mark Foley**

Mailing Address 1316 Lake Victoria Dr

City  
Lake Worth

State  
FL

Zip Code  
33461

Purpose of Disbursement

Candidate Name  
Rep. Mark A. Foley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 15122602

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Friends Of John Peterson**

Mailing Address 114 W. State Street  
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John E. Peterson

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: 15122588

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Red Rooster PAC**

Mailing Address 228 S. Washington St.  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15122539

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Congressman Joe Barton Committee, The**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Joe L. Barton

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: 15568271

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Volunteers For Shimkus**

Mailing Address P.O. Box 5458  
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John M. Shimkus

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 15568273

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Friends Of Don Sherwood**

Mailing Address 81 Warren Street

City Tunkhannock State PA Zip Code 18657

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Donald L. Sherwood

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 15122395

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Friends Of Dave Weldon**

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Dave Weldon, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 15568252

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Keep Our Majority Pac**

Mailing Address PO Box 20209

City  
Alexandria

State  
VA

Zip Code  
22320

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 15568253

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Friends Of Carolyn McCarthy**

Mailing Address 151 Linden Road

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement

Candidate Name  
Rep. Carolyn McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 4

Transaction ID: 15568331

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Friends Of Mike Ferguson**

Mailing Address C/O Ron Gravino P.O. Box 225

City  
Colonia

State  
NJ

Zip Code  
07067

Purpose of Disbursement

Candidate Name  
Rep. Mike Ferguson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 7

Transaction ID: 15568329

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mike Ferguson

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NJ District: 7

Transaction ID: 15660991

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeast  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 15122355

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** 21st Century Majority Fund

Mailing Address 6065 Roswell Rd., #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 15660996

Date of Disbursement

06 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Friends Of Mark Foley**

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Mark A. Foley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 15659225

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Bass Victory Committee**

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles F. Bass

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 15660989

Date of Disbursement

06 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Hastert For Congress Committee**

Mailing Address P. O. Box 625  
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. J. Dennis Hastert

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 15679733

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement

Candidate Name  
Sen. Rick Santorum

Office Sought: ☐ House  
☒ Senate  
☐ President

State: PA District: 2

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15907596

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name  
Rep. Deborah Pryce

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15907595

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28601

Purpose of Disbursement

Candidate Name  
Rep. Patrick McHenry

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 10

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15360409

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

2100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Shelley Sekula-Gibbs For Congress Campaign Committ

Mailing Address PO Box 890954

City  
Houston

State  
TX

Zip Code  
77289

Purpose of Disbursement

Candidate Name  
Shelley Sekula-Gibbs

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX

District: 22

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15679735

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

112600.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16025296

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2006

Amount of Each Disbursement this Period

1362.60

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

1362.60

**TOTAL** This Period (last page this line number only) .....

1362.60